



PATENT
Attorney Docket No. INK-064
(2108/46)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Comiskey et al.

SERIAL NO.: 09/467,324 GROUP NO.: 2775

FILING DATE: December 20, 1999 EXAMINER: Not yet assigned

TITLE: Protective Electrodes For Electrophoretic Displays

RESPONSE TO NOTICE TO FILE MISSING PARTS

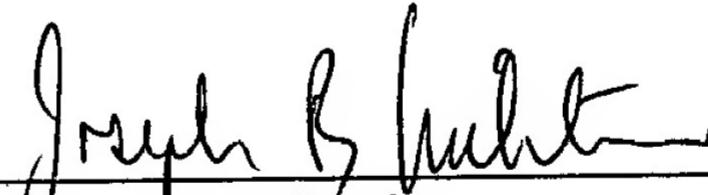
Assistant Commissioner for Patents
Washington, D.C. 20231
Attention: Box Missing Parts

Sir:

In response to the Notice to File Missing Parts mailed March 17, 2000, enclosed is a check in the amount of \$758.00 in payment of surcharge for a small entity in compliance with 37 C.F.R. 1.27 and a Petition For One-Month Extension Of Time Under 37 C.F.R. 1.136(a).

Please charge Deposit Account No. 20-0531 for any additional fees that may be due in this matter.

Respectfully submitted,


Joseph B. Milstein
Attorney/Agent for Applicants
Testa, Hurwitz, & Thibeault
High Street Tower
125 High Street
Boston, Massachusetts 02110

Date: June 14, 2000
Reg. No. 42,897

Tel. No. (617) 248-7695
Fax: (617) 248-7100

MILSTEIN\2108\46.1015882_1



FORMALITIES LETTER



OC000000004997310

**UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office**

Address: COMMISSIONER OF PATENT AND TRADEMARKS
Washington, D.C. 20231

| APPLICATION NUMBER | FILING/RECEIPT DATE | FIRST NAMED APPLICANT | ATTORNEY DOCKET NUMBER |
|--------------------|---------------------|-----------------------|------------------------|
| 09/467,324 | 12/20/1999 | Barrett Comisky | INK-064 (2108/) |

Patent Administrator
Testa, Hurwitz & Thibeault LLP
High Street Tower
125 High Street
Boston, MA 02110

Date Mailed: 03/17/2000

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given TWO MONTHS from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.
Applicant must submit \$ 380 to complete the basic filing fee and/or file a small entity statement claiming such status (37 CFR 1.27).
 - Total additional claim fee(s) for this application is \$258.
 - \$180 for 20 total claims over 20.
 - \$78 for 2 independent claims over 3 .
 - The oath or declaration is missing.
A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.
 - To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$65 for a small entity in compliance with 37 CFR 1.27, must be submitted with the missing items identified in this letter.
 - **The balance due by applicant is \$ 703.**

A copy of this notice MUST be returned with the reply.

Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

PART 2 - COPY TO BE RETURNED WITH RESPONSE

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|------------|--------|----------|----------|
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| 02 | FC:202 | 78. | 00 |
| 03 | FC:203 | 180. | 00 |
| 04 | FC:205 | 65. | 00 |



Scetor
PATENT
Attorney Docket No. INK-064
(2108/46)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Comiskey et al.

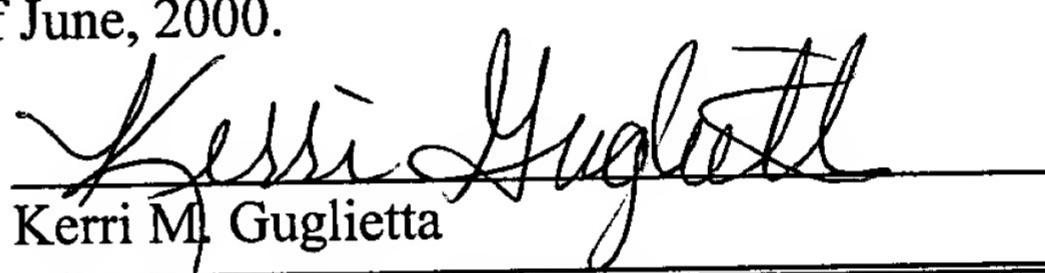
SERIAL NO.: 09/467,324 GROUP NO.: 2775

FILING DATE: December 20, 2000 EXAMINER: Not yet assigned.

TITLE: Protective Electrodes For Electrophoretic Displays

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any documents referred to as enclosed herein, are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to Box Missing Parts, Assistant Commissioner for Patents, Washington, DC 20231 on this 14th day of June, 2000.



Kerri M. Guglietta

Box Missing Parts
Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Submitted herewith are:

- (1) Transmittal Form (1 page);
- (2) Fee Transmittal (1 page);
- (3) Petition For One-Month Extension Of Time Under 37 C.F.R. 1.136(a) (1 page);
- (4) Check in the amount of \$758.00;
- (5) Executed Declaration and Power of Attorney (8 pages);
- (6) Response to Notice to File Missing Parts (1 page);
- (7) Copy of Notice to File Missing Parts of Application (1 page); and
- (8) a return receipt postcard.

MILSTEIN\2108\46.1015861_1

**TRANSMITTAL
FORM**



| | |
|---------------------------|-------------------|
| Application Serial Number | 09/467,324 |
| Filing Date | December 20, 1999 |
| First Named Inventor | Comiskey et al. |
| Group Art Unit | 2775 |
| Examiner Name | Not Yet Assigned |
| Attorney Docket No. | INK-064 (2108/46) |

ENCLOSURES (check all that apply)

| | | |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input checked="" type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) | <input type="checkbox"/> Appeal Communication to Board of Patent Appeals and Interferences |
| <input checked="" type="checkbox"/> Check Attached | <input type="checkbox"/> Formal Drawing(s) | <input type="checkbox"/> Appeal Communication to Group (<i>Appeal Notice, Brief, Reply Brief</i>) |
| <input type="checkbox"/> Copy of Fee Transmittal Form | <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Amendment/Response | <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) | <input checked="" type="checkbox"/> Return Receipt Postcard |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 |
| <input type="checkbox"/> Affidavits/declaration(s) | <input checked="" type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application (8 pgs.) | <input type="checkbox"/> Additional Enclosure(s) (<i>please identify below</i>) |
| <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____] | <input type="checkbox"/> Small Entity Statement | |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Information Disclosure Statement Form PTO-1449 | <input type="checkbox"/> After Allowance Communication to Group | |
| <input type="checkbox"/> Copies of IDS Citations | | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | | |
| <input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application | | |

CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
 Testa, Hurwitz & Thibeault, LLP
 High Street Tower
 125 High Street
 Boston, MA 02110
 Tel. No.: (617) 248-7000
 Fax No.: (617) 248-7100

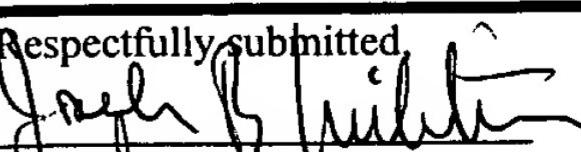
SIGNATURE BLOCK

Date: June 14, 2000
 Reg. No. 42,897
 Tel. No.: (617) 248-7695
 Fax No.: (617) 248-7100

Respectfully submitted,

Joseph B. Milstein
 Attorney for Applicants
 Testa, Hurwitz & Thibeault, LLP
 High Street Tower
 125 High Street
 Boston, MA 02110

| <i>Complete if Known</i> | |
|---------------------------|-------------------|
| Application Serial Number | 09/467,324 |
| Filing Date | 12/20/99 |
| First Named Inventor | Comiskey |
| Group Art Unit | 2775 |
| Examiner Name | Not Yet Assigned |
| Attorney Docket No. | INK-064 (2108/46) |

| METHOD OF PAYMENT & TRADE | | | | | FEE CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---------------------------------|---|------------------|-----------------------------|---|---------------------------------|-----------------|----------|-----------------------|-----------------------|-----------------|----------|-----|-------------------|-------------------------------------|----|--------|------------------------|--|--------------|--------------|-----|--|------------------|-------|--------------------|--|------------------|------------------|----|--|----|-------------|-----|---|--|-----|-----|--|-------------|-------|-----|---|--|----------------------------|-----|--|--|-----|-----------------------|------------------|-------------------|-----|-----|--|--|-----|-----|--------------------------|--|-----|-----|-------------------------------|--|----|----|---|--|-----|-----|---|--|-----|-----|---|--|-----|-----|---|--|-----|-----|--|--|--|--|-----------------|--|
| 1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other | | | | | 3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>130</td><td>65</td><td>Surcharge - late filing fee or oath</td><td>65</td></tr> <tr><td>50</td><td>25</td><td>Surcharge - late provisional filing fee or</td><td></td></tr> <tr><td>130</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>2,520</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>110</td><td>55</td><td>Extension for reply within first month</td><td>55</td></tr> <tr><td>380</td><td>190</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>870</td><td>435</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1,360</td><td>680</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1,850</td><td>925</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>300</td><td>150</td><td>Notice of Appeal</td><td></td></tr> <tr><td>300</td><td>150</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>260</td><td>130</td><td>Request for oral hearing</td><td></td></tr> <tr><td>130</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>50</td><td>50</td><td>Petitions related to provisional applications</td><td></td></tr> <tr><td>240</td><td>240</td><td>Submission of Information Disclosure Statement (37 CFR 1.97(c))</td><td></td></tr> <tr><td>130</td><td>130</td><td>Submission of Information Disclosure Statement (37 CFR 1.97(d))</td><td></td></tr> <tr><td>690</td><td>345</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>690</td><td>345</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td></td><td></td><td>Other (Specify)</td><td></td></tr> </tbody> </table> | | | | Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description | Fee Paid | 130 | 65 | Surcharge - late filing fee or oath | 65 | 50 | 25 | Surcharge - late provisional filing fee or | | 130 | 130 | Non-English specification | | 2,520 | 2,520 | For filing a request for reexamination | | 110 | 55 | Extension for reply within first month | 55 | 380 | 190 | Extension for reply within second month | | 870 | 435 | Extension for reply within third month | | 1,360 | 680 | Extension for reply within fourth month | | 1,850 | 925 | Extension for reply within fifth month | | 300 | 150 | Notice of Appeal | | 300 | 150 | Filing a brief in support of an appeal | | 260 | 130 | Request for oral hearing | | 130 | 130 | Petitions to the Commissioner | | 50 | 50 | Petitions related to provisional applications | | 240 | 240 | Submission of Information Disclosure Statement (37 CFR 1.97(c)) | | 130 | 130 | Submission of Information Disclosure Statement (37 CFR 1.97(d)) | | 690 | 345 | Filing a submission after final rejection (37 CFR 1.129(a)) | | 690 | 345 | For each additional invention to be examined (37 CFR 1.129(b)) | | | | Other (Specify) | |
| Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 130 | 65 | Surcharge - late filing fee or oath | 65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50 | 25 | Surcharge - late provisional filing fee or | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 130 | 130 | Non-English specification | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2,520 | 2,520 | For filing a request for reexamination | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 110 | 55 | Extension for reply within first month | 55 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 380 | 190 | Extension for reply within second month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 870 | 435 | Extension for reply within third month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1,360 | 680 | Extension for reply within fourth month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1,850 | 925 | Extension for reply within fifth month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 300 | 150 | Notice of Appeal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 300 | 150 | Filing a brief in support of an appeal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 260 | 130 | Request for oral hearing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 130 | 130 | Petitions to the Commissioner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50 | 50 | Petitions related to provisional applications | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 240 | 240 | Submission of Information Disclosure Statement (37 CFR 1.97(c)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 130 | 130 | Submission of Information Disclosure Statement (37 CFR 1.97(d)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 690 | 345 | Filing a submission after final rejection (37 CFR 1.129(a)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 690 | 345 | For each additional invention to be examined (37 CFR 1.129(b)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Other (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below to Deposit Account No. 20-0531. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEE CALCULATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. FILING FEE <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>690</td><td>Utility filing fee</td><td>760</td><td></td></tr> <tr><td>310</td><td>Design filing fee</td><td></td><td></td></tr> <tr><td>150</td><td>Provisional filing fee</td><td></td><td></td></tr> <tr><td>Total Claims</td><td>40</td><td>- 20 = 20</td><td>x \$ 18.00 = 360</td><td></td></tr> <tr><td>Independent Claims</td><td>5</td><td>- 3 = 2</td><td>x \$ 78.00 = 156</td><td></td></tr> <tr><td colspan="4"><input type="checkbox"/> Multiple Dependent Claim(s), if any</td><td>\$260.00 =</td></tr> <tr><td colspan="4"></td><td>TOTAL: 1276</td></tr> <tr><td colspan="4"></td><td>SMALL ENTITY DISCOUNT: 638</td></tr> <tr><td colspan="4"></td><td>SUBTOTAL (1) (\$ 638)</td></tr> </tbody> </table> | | | | | Large Entity | Fee (\$) | Fee Description | Fee Paid | 690 | Utility filing fee | 760 | | 310 | Design filing fee | | | 150 | Provisional filing fee | | | Total Claims | 40 | - 20 = 20 | x \$ 18.00 = 360 | | Independent Claims | 5 | - 3 = 2 | x \$ 78.00 = 156 | | <input type="checkbox"/> Multiple Dependent Claim(s), if any | | | | \$260.00 = | | | | | TOTAL: 1276 | | | | | SMALL ENTITY DISCOUNT: 638 | | | | | SUBTOTAL (1) (\$ 638) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Large Entity | Fee (\$) | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 690 | Utility filing fee | 760 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 310 | Design filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 150 | Provisional filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims | 40 | - 20 = 20 | x \$ 18.00 = 360 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent Claims | 5 | - 3 = 2 | x \$ 78.00 = 156 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Multiple Dependent Claim(s), if any | | | | \$260.00 = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | TOTAL: 1276 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | SMALL ENTITY DISCOUNT: 638 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | SUBTOTAL (1) (\$ 638) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. AMENDMENT CLAIM FEES <table border="1"> <thead> <tr> <th>Claims Remaining After Amend.</th> <th>Highest No. Previously Paid For</th> <th>Present Extra</th> <th>Rate</th> <th>Fee Paid</th> <th>SUBTOTAL (3) (\$ 120)</th> </tr> </thead> <tbody> <tr><td>Total</td><td>-</td><td>=</td><td>x \$ 18.00 =</td><td>SUBTOTAL (1) 638</td><td></td></tr> <tr><td>Indep.</td><td>-</td><td>=</td><td>x \$ 78.00 =</td><td>SUBTOTAL (2)</td><td></td></tr> <tr><td colspan="4"><input type="checkbox"/> First Presentation of Multiple Dep. Claim</td><td>+ \$260.00 =</td><td>SUBTOTAL (3) 120</td></tr> <tr><td colspan="4"></td><td>TOTAL: (\$)</td><td></td></tr> <tr><td colspan="4"></td><td>SMALL ENTITY DISCOUNT: (\$)</td><td></td></tr> <tr><td colspan="4"></td><td>SUBTOTAL (2) (\$)</td><td></td></tr> <tr><td colspan="4"></td><td></td><td>TOTAL (\$ 758.00)</td></tr> </tbody> </table> | | | | | Claims Remaining After Amend. | Highest No. Previously Paid For | Present Extra | Rate | Fee Paid | SUBTOTAL (3) (\$ 120) | Total | - | = | x \$ 18.00 = | SUBTOTAL (1) 638 | | Indep. | - | = | x \$ 78.00 = | SUBTOTAL (2) | | <input type="checkbox"/> First Presentation of Multiple Dep. Claim | | | | + \$260.00 = | SUBTOTAL (3) 120 | | | | | TOTAL: (\$) | | | | | | SMALL ENTITY DISCOUNT: (\$) | | | | | | SUBTOTAL (2) (\$) | | | | | | | TOTAL (\$ 758.00) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Claims Remaining After Amend. | Highest No. Previously Paid For | Present Extra | Rate | Fee Paid | SUBTOTAL (3) (\$ 120) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | - | = | x \$ 18.00 = | SUBTOTAL (1) 638 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Indep. | - | = | x \$ 78.00 = | SUBTOTAL (2) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> First Presentation of Multiple Dep. Claim | | | | + \$260.00 = | SUBTOTAL (3) 120 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | TOTAL: (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | SMALL ENTITY DISCOUNT: (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | SUBTOTAL (2) (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | TOTAL (\$ 758.00) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CORRESPONDENCE ADDRESS | | | | | SIGNATURE BLOCK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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